								<b> </b>	Application or Docket Numb r													
PATENT APPLICATION FEE DETERMINATION RECOF																						
Effective October 1, 2000																						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY											
то	TAL CLAIMS		4					RATE	FEE	1 1	RATE	FEE										
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	355.00	OR	BASIC FEE	710.00										
TOTAL CHARGEABLE CLAIMS			☐ minus 20=		. 0			X\$ 9=		OR	X\$18=	/ /										
INDEPENDENT CLAIMS			minus 3 =		*	0		X40=		OR	X80=	7 /										
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+135=	/	OR	+270=											
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	355	OR	TOTAL	1										
	CLAIMS AS AMENDED - PART II							CMALL	ENTITY	OR	OTHER SMALL I											
		(Column 1) CLAIMS	1 TO THE RESERVE TO T	(Colu	mn 2) IEST	(Column 3)	) 1	SMALL			SWALL											
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=											
AME	Independent	*	Minus	***	T OL A114	=		X40=	·	OR	X80=											
Ľ	FIRST PRESENTATION OF MULTIPLE DEPEND				CLAIM		] [	+135=		OR	+270=											
									-	OR	TOTAL ADDIT. FEE											
	(Column 1) (Column 2) (Column 3)							ADDIT. FE	- L		ADDI1. 1 EE											
		CLAIMS		HIG	HEST		7 r		ADDI-	i		ADDI-										
MENT B		REMAINING AFTER AMENDMENT		PREV	MBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE										
N N N N N N N N N N N N N N N N N N N	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=											
AMEND	Independent	•	Minus	•••		]=		X40=	:	OR	X80=											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=											
								TOTAI ADDIT. FEI		OR	TOTAL ADDIT. FEE											
		(Column 1)			ımn 2)	(Column 3	<u>)                                    </u>															
AMENDMENT C	ř	CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER IOUSLY ) FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
DM COM	Total	•	Minus	••		=	] [	X\$ 9=		OR	X\$18=											
ME	Independent	•	Minus	•••		=	<u></u>	X40=		OR	X80=											
F	FIRST PRESENTATION OF MOLTIPLE DEPENDENT CLAIM							+135=		OR	+270=											
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	TOTAL											
""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												· · · · · · · · · · · · · · · · · · ·										
	i ne ⁻Hignest Nur	nder Previously P	aid FOF (10tal C	и таерег	uenij is ini	e uiAuesi unuu	Dei 101		wpropriate bu		The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											